

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90292 028 ***150.00

DOCUMENT # P03000081099

1. Entity Name
K&J BOUTIQUE BEAUTY PALACE INC



Principal Place of Business
4085 N HAVERHILL
C 2
WEST PALM BEACH, FL 33417 US

Mailing Address
4085 N HAVERHILL
C 2
WEST PALM BEACH, FL 33417 US

14011423



2. Principal Place of Business
4581 Challenger way
Suite, Apt. #, etc.
56
City & State
West Palm Beach M

3. Mailing Address
4581 Challenger way
Suite, Apt. #, etc.
56
City & State
West Palm Beach M

Zip Country
33417 US

04182005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0844421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALCEE, KETTY OWNER
4581 CHALLENGER WAY
56
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	REGINALD, JOSEPH	
STREET ADDRESS	4581 CHALLENGER WAY, #56	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALCEE, JEAN K	
STREET ADDRESS	4581 CHALLENGER WAY, #56	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALCEE, JEFFREY A	
STREET ADDRESS	4581 CHALLENGER WAY, #56	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #